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01807.001362

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

LILIAN LABELLE

Application No.: 09/726,023

Filed: November 30, 2000

For: METHOD AND DEVICE FOR
SEEKING IMAGES BASED ON
THE CONTENT TAKING INTO
ACCOUNT THE CONTENT
OF REGIONS OF INTEREST

Examiner: Santos, Patrick J. D.

Group Art Unit: 2171

RECEIVED

AUG 26 2004

Technology Center 2100

Date: August 17, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the final Official Action dated May 17, 2004, please amend
the above-identified application, as follows.

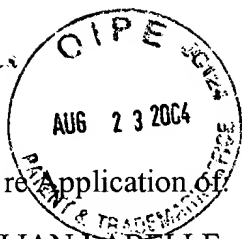
I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

August 17, 2004
(Date of Deposit)

Michael K. O'Neill, Reg. No. 32,622
(Name of Attorney for Applicant)

Signature

August 17, 2004
Date of Signature



In re Application of
LILIAN LABELLE

Application No.: 09/726,023

Filed: November 30, 2000

For: METHOD AND DEVICE FOR SEEKING
IMAGES BASED ON THE CONTENT
TAKING INTO ACCOUNT THE CONTENT
OF REGIONS OF INTEREST

Docket No. 01807.001362.

Examiner: Santos, Patrick J. D.

Group Art Unit: 2171

Date: August 17, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

AUG 26 2004

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Technology Center 2100

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 20	= 0	x \$9 \$18	.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$43 \$86	.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
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Form #120

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